

**PART B -FEE(S) TRANSMITTAL**

**Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571) 273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP  
600 South Avenue West  
Westfield, New Jersey 07090

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                             |
|-----------------------------|
| _____<br>(Depositor's name) |
| _____<br>(Signature)        |
| _____<br>(Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

|            |            |                  |  |      |
|------------|------------|------------------|--|------|
| 10/663,488 | 09/16/2003 | Joseph P. Errico | SPINE 3.0-437<br>CPCPCPCPCPCPC<br>IC0III | 2425 |
|------------|------------|------------------|--|------|

TITLE OF INVENTION: INTERVERTEBRAL SPACER DEVICE HAVING AN ENGAGEMENT HOLE FOR A TOOL WITH AN EXTENDABLE POST

| APPLN. TYPE     | SMALL ENTITY | ISSUE FEE  | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-----------------|--------------|------------|-----------------|------------------|------------|
| Non-Provisional | no           | \$1,510.00 | \$300.00        | \$1,810.00       | 10/16/2010 |

|                  |          |                |
|------------------|----------|----------------|
| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
| B. E. Pellegrino | 3738     | 606-08600A     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  
**Use of a Customer Number is required.**

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

|   |  |
|---|--|
| 1 | Lerner, David, Littenberg, Krumholz & Mentlik, LLP |
| 2 |  |
| 3 |  |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SpineCore, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Summit, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order -# of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

|                             |                        |                        |                 |
|-----------------------------|------------------------|------------------------|-----------------|
| Authorized Signature _____  | /William A. Di Bianca/ | Date _____             | August 30, 2010 |
| Typed or printed name _____ | William A. Di Bianca   | Registration No. _____ | 58,653          |

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on August 30, 2010  
Date

/William A. Di Bianca/

Signature

William A. Di Bianca

Typed or printed name of person signing Certificate

58,653

Registration Number, if applicable

(908) 654-5000

Telephone Number

Note: Each paper must have its own certificate of mailing.

Issue Fee Transmittal (1 page)

Charge \$1,810.00 to deposit account 12-1095